

OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2020

(PRINT OR TYPE CLEARLY)

NAME_	John D. Mc Carthyposition/elective office Deputy Chief					
DEPAR	TMENT/AGENCY Honolulu Police Department					
NAME (of Spouse Lillian A. S. McCarthy					
Check th	ne appropriate box and fill in any applicable dates:					
	INITIAL STATEMENT: Date on which you assumed office or began employment in this position You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year.					
√	ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.					
	LEAVING OFFICE STATEMENT: You are leaving or have left your office on and _must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.					
	CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.					
	·					
	VERIFICATION					
through	I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 9, and to the best of my knowledge the information provided in this form is true and correct.					
Date	1/25/20 , 20 Signature Hm W. J. Gastley					

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

1. INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F SP	HPD Touchstone Properties	Deputy Chief of Police Property Manager	2019 2019	Annual Income H F

2.	ınstallment trar	Do not report any debt nsactions for the purchas n as a home mortgage or	se of consumer goods.	whatever the amount.	nat arise out of retail Do report a secured
	□ None □ A	Additional sheets attached	d 		
P	erson(s) Incurring Debt	Creditor	Original Loan A	Amount Amou	unt Outstanding
JT		Bank of Hawaii	P	P	
3.	incorporated, re regulated finan trust, if the func	OR INTERESTS IN rests having a value of gulated, or licensed to calcial institutions, mutual or trust is disclosed un	\$5,000 or more or equarry on business in Hawarry on business in Hawarry or this item.	al to 10% or more of ow aii. Do not report accou	mership of businesses
-	Owner(s)	Business Name and Address	Nature of Business	Percentage of Interest	Value of Interest
		7			

4. OWNER busines	RSHIP OR ses incorpora	INTERESTS T ated, regulated,	RANSFERRED or licensed to c). Only report to arry on business	ansfers of o in Hawaii dui	wnerships ring this pa	or interests in ast year.
✓ None	Add	itional sheets a	ttached				
Ownership or Interest			Date of Trai	nsfer			
		:					
							
positions also incl	s as trustee to ude being a s in non-prof	n any business	s or organizatio holder in a sma	ude, but are not n, whether or not ill or closely heid	coperated for	r profit Fir	duciary positions
Position	Holder	Name	e & Address of Organizati		Term of	Office	Annual Compensation
						•	
6. CREDIT	OR INTERE	STS IN INSOL	VENT BUSINE	SS worth \$5,000	or more.		
✓ None	Additio	nal sheets atta	ched				
Holder			Name & Address of Business Nature of Business		usiness	Value	

✓ Non	e Additiona	I sheets attached				
Represer	itative	Client City Age			Nature of Representation	
childrer "persor	n; if you choose no nal residence."	ED. Only report reasons assessed value, personal residence of to report the tax	al property owned. You are not requir or the personal r x map key number	Report the red to report to esidence of and street a	value of the property in ar the tax map key number ar your spouse or depender address, identify instead a	
None	Additiona	I sheets attached		1		
Owner(s)	Тах Мар	Key Number & Str	eet Address	Value	Year Obtained	
JT	personal resid			P P	2003 2019	
even if number depend	it is less than the varieties and street addressent children; if you as "personal reside	value (as in the cases for your person choose not to re			in the City and County of all amount of the transaction and to report the tax map keesidence of your spouse of and street address, identifications.	
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Ke	ey Number & Street Addres	